Stratfield Volunteer Fire Department

400 Jackman Avenue • Fairfield, CT. 06825

www.rescue15.com

Medical Release Form

_____ is physically fit to perform
(Member Name)

the duties of a volunteer firefighter.

_____ _____
(Physician Signature) (Date)

Physician Name: _____

Office Address: _____

City/State/Zip: _____

Phone: _____

If completed:

_____ _____ _____ _____
PPD Planted PPD Read Result Initials

Spirometry:

Pass / Fail _____
Initials